

Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics



## FORM-GB

Gift or Bequest information received  
 by a department or accepted by the  
 Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

## STATE TRAINING SCHOOL

Name of Department or Office  
 3211 EDGINGTON AVENUE

ELDORA, IOWA 50627

Mailing Address  
 641-856-3400

City, State, Zip Code

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@dhs.state.ia.us

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary Dept. of Iowa

Name

c/o Marlene Valentine, 720 Lyon St Des Moines, IA 50309

Mailing Address

City, State, Zip Code

515-282-7987

Area Code &amp; Telephone Number

Email Address (optional)

11/2/12

\$330.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used toward Christmas gifts for students

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn  
 Signature

Nov. 13, 2012

Date

Revised 08/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD****510 EAST 12<sup>TH</sup>, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

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Governor on behalf of the state**For office use only**
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:****STATE TRAINING SCHOOL**Name of Department or Office  
3211 EDGINGTON AVENUE

ELDORA, IOWA 50627

Mailing Address  
541-251-5402

City, State, Zip Code

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedor@sha.state.ia.us

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

St. John's United Methodist Women, c/o Karene Topp

Name

P.O. Box 376

Radcliffe, IA 50230

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

10/30/12

\$50.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

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